## Labor Organization Officer and Employee Report







This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

Form approved – OMB No. 1215-0188 Expires 07-31-2004

. Name and address of person filing		2. Name and address	of labor organization	
Noel Beasly, Vice President Midwest Regional Joint Board 333 South Ashland Avenue Chicago, IL 60607				
Position in labor organization	4. Date fiscal year	ended	5. File number (if a	ssigned)
	12/31/2002		None 4/	946
Enter appropriate data below if, during the past terests (except as specified in the exclusions se				d any of the following in-
<ul> <li>Held an interest in, engaged in transactions employer whose employees your organizations</li> </ul>				monetary value from an
Name of Employer		Address of Employer	275 Seventh Avenue	11th Floor
UNITE			New York, NY 10001	, 11001
7. Nature of Interest, Transaction or Income				
B. Held an interest in or derived income or econor from, selling or leasing to, or otherwise dealing seeking to represent, or (2) any part of which coganization or with a trust in which your labor or an experiment.	mic benefit with mone with the business of a consists of buying from	etary value from a busing an employer whose emplo or selling or leasing direct	pss (1) a substantial part byees your labor organization	on represents or is actively
Name of business	organization is interest	Address of business		
Amalgamated Bank Of New York		Addiess of Dosiness	15 Union Square	
			New York, NY 10003	
Business deals with—		10. If 9B or 9C is check	ked give trust or employer'	s name
☐ A. Labor Organization ☐ B. Trust	C. Employer			
<ol> <li>Nature and approximate dollar value of such dea</li> </ol>	alinos			
50 Class A/Voting Shares and 50 .  12. Nature of interest held or income received \$1,282.82	A Calcoy Treffere	o b shares valued a	3303200 per share	S DOL SP Recta Py OCT 29 2003
Received from any employer (other than an any payment of money or other thing of value	employer covered und	der parts A and B above)	or from any labor relations	consultant to an employer
13. Name and address of employer	or consultant	14. Nature of payment		
None		None		
IF MORE	SPACE IS NEEDED	ATTACH ADDITIONAL	SHEET\$	
Signature and verification—The undersigned the attachments incorporated therein or referr correct and complete.				
Signed: O orle	at New York,	NY		on_10/22/03
100	City		State	Date
				Form LM-30 (Rev. 1986